

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014332

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 698

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59128
20120

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 698

STATE FILE NUMBER

FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Poplar Bluff

Length of stay in 1b

11/2 yr.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Assembly of God Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Butler

c. CITY

OR TOWN

Harviel

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R.R. # 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First RICHARD

Middle W,

Last KING

4. DATE OF DEATH

Month March

Day 29,

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Widowed ☒

8. DATE OF BIRTH

1/6/1888

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Month 2 Day 23

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Butler County, Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William E. King

13b. MOTHER'S MAIDEN NAME

Eva Mary Alexander

14. NAME OF HUSBAND OR WIFE

Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mack E. King, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

asphyxia

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

cardiac failure

DUE TO (c)

Acute Myocarditis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-21-61

to 3-29-62

and last saw him alive on 3-29-62

Death occurred at 6:15 A. M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

7. Priest D.O.

22b. ADDRESS

Poplar Bluff, Mo.

22c. DATE SIGNED

4-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/31/1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Gardens

23d. LOCATION (City, town, or county)

Poplar Bluff, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Frank-Cotrell Chapel, Poplar Bluff, Mo. 4/4/1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D. H. Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

APR 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.